

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-in-Service

RECEIVED

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number JUN 1 1992

Date Received

Winston-Salem
Regional Office

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Cross Creek Apparel Inc.
(Corporation, Individual, Public Agency, or Other Entity)Street Address: P.O. Drawer 1107County: SurryCity: Mt. Airy State: NC Zip Code: 27030Tele. No. (Area Code): (919) 789-6161

II. LOCATION OF TANK(S)

Facility Name or Company Cross Creek Distribution Co.

Facility ID # (if available) _____

Street Address or State Road: Hwy 52 South
Holly Springs RdCounty: Surry City: Mt. Airy Zip Code: 27030Tele. No. (Area Code): (919) 789-6161

III. CONTACT PERSON

Name: Bill Inman Job Title: Division Engineer Telephone Number: (919) 786-0806

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Heath Brothers GradingAddress: Walnut Cove Rt 3 Box 114A State: NC Zip Code: 27052Contact: Jimmy Heath Phone: (919) 593-8384

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>-</u>	<u>10,000 gal</u>	<u>#2 Fuel oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Kenneth B. Vanhoy*Scheduled Removal Date: July 1, 92Signature: Kenneth B. VanhoyDate Submitted: 5-29-92

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.